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April 25, 2011

VIA ECFS AND E-MAIL

Ms. Sharon E. Gillett
Bureau Chief
Wireline Competition Bureau
Federal Communications Commission
445 12th Street, SW
Washington, D.C. 20554

Re: Kristin Brooks Hope Center Further Response Regarding 1-800-SUICIDA
WC Docket 07-271, CC Docket 95-155

Dear Ms. Gillett:

The Kristin Brooks Hope Center ("KBHC") recently filed an *ex parte* notice describing a meeting held on April 18 at the request of staff from the Wireline Competition Bureau ("the Bureau"). During the April 18 meeting, Bureau staff posed three questions to KBHC concerning events relating to the toll-free number 1-800-SUICIDA (which is not one of the numbers subject to SAMHSA's petition for permanent reassignment). KBHC, by its attorneys, hereby supplements its KBHC's March 17 filing in WC Docket 07-271 and CC Docket 95-155 ("March 17 filing") with additional information responsive to the staff's inquiries.

1. Update on the Cause of the Mis-Routing

KBHC has been unable to obtain any additional information from the subscriber concerning the mis-routing. As stated in the March 17 letter, the subscriber of record represents that he did not intend to disconnect or re-route the number and believes that it may have occurred when the subscriber moved other numbers for which it is the subscriber of record. KBHC, however, does not know if the error was made by the subscriber of record or the RespOrg. However, since KBHC was notified by the Commission staff, Micktel was appointed as the new RespOrg for the 800-SUICIDA number and KBHC was designated as the subscriber's billing

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agent. KBHC, therefore, has the ability to communicate directly with the RespOrg concerning the number going-forward.

Further, this number is not representative of the toll-free numbers at issue in SAMHSA's petition. Upon the Commission's return of the four temporarily transferred toll-free numbers, KBHC, as the subscriber of record, would have full rights to control the toll-free numbers, and an error such as what occurred with 800-SUICIDA could not happen.

2. Status of Automated Monitoring for the Number

The Bureau asked for an update on the status of KBHC's system for checking the operability of the SUICIDA hotline. The automated system described by KBHC in its March 17 letter is being tested by KBHC's provider, Micktel. The system is scheduled to be implemented on May 1. In addition to providing outage protection, this automated system will enable KBHC to capture an Average Time to answer statistic, which is helpful in monitoring the response speed of the Hopeline Network call centers.

In the meantime, as explained in the March 17 filing, KBHC follows manual procedures to check each line to ensure it is operational. Since restoring the 1-800-SUICIDA hotline the day we were contacted by the FCC, KBHC has been manually testing the line each day by having a supervisor from KBHC call the number to ensure that it is operating and that numbers are being routed to the appropriate crisis center. KBHC will continue to manually test the number until the computer program has been launched and it has been confirmed that the computer program is operating properly.

3. KBHC Billing Records

The Bureau also asked for additional information regarding why the call volumes and billing did not reflect the mis-routing of the SUICIDA hotline. First, it is important to note that 800-SUICIDA was established as a replacement for 877-SUICIDA, which temporarily was reassigned by the FCC to SAMHSA. KBHC is not sure of the exact volume of calls generated to this number, but we believe it is far less than the volume of calls to the KBHC's 877-SUICIDA and 800-SUICIDE, for which KBHC had developed far better name recognition.¹ Second, as explained in the March 17 filing, KBHC's phone bills did not separate charges and call volumes

¹ In its March 1 filing in this docket, KBHC stated that 1-800-SUICIDA accounts for approximately a third of KBHC's hotline costs. The costs for 1-800-SUICIDA, however, are proportionally greater than KBHC's other hotlines because there are additional costs associated with administering a number for which it is not the subscriber of record. Thus, the fact that KBHC stated that 1-800-SUICIDA accounts for approximately one third of KBHC's hotline costs does not mean that 1-800-SUICIDA accounts for one third of the total call volume.

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by hotline. Examining the total volume of calls billed to KBHC, no unusual call volumes are evident. Instead, looking at total call volume numbers for the last twelve months, there was a small relative drop in the total number of calls in June and July which showed about 300 fewer calls than in April, but in August the total call volume was back up to about the same number of calls as in April and May. Call volumes for October through December 2010 were consistent, and did not indicate any anomaly with respect to one of KBHC's hotlines. In January 2011, the month in which SAMHSA first received a report that the number was not operational, KBHC's total call volume actually was up, compared both to April/May 2010 historical volumes and the October-December call volume. Thus, to the extent that calls to 800-SUICIDA declined, they appear to have been offset by an increase in calls to other KBHC hotlines. As a result, neither the phone bills nor the total call volume gave any indication of an issue with the lines.

Finally, while KBHC was preparing this letter, SAMHSA submitted a new letter, dated April 21, 2011, providing additional information about SAMHSA's knowledge during this time period. SAMHSA admits again that it intentionally chose not to contact KBHC or notify it in any manner on or after January 24. In fact, the only call SAMHSA admits to making during this time period was to contact the number given in the recording for persons wishing to inquire about obtaining the vanity telephone number.² Even if one takes at face value SAMHSA's explanation that it initially assumed KBHC was aware of an issue, surely during the "coming weeks" while SAMHSA "periodically" checked the number, it would have concluded that its assumption was incorrect. SAMHSA does not offer a convincing public policy explanation for its silence after January 24.

As for the remainder of SAMHSA's April 21 letter, SAMHSA again shifts its argument for reassignment. SAMHSA apparently now believes that the Commission should reassign numbers based on an assessment of what a "reasonably prudent entity" should do to maintain service on a line.³ Like the other rationales for reassignment SAMHSA has offered since the court remand, this rationale too is not supported by the law or precedent. KBHC is ready, willing and able to operate the four toll-free numbers that it obtained via the Commission's first-come, first-served assignment policy under 47 C.F.R. § 52.111. KBHC showed in its remand comments that it has sufficient stable finances to operate the numbers that it obtained, and that the Commission has no factual basis to depart from its assignment policy. The experience with 800-SUICIDA – a replacement number materially different from the numbers at issue because KBHC is not the subscriber of record – does not alter this conclusion.

² Letter from Rina Hakimian, Senior Attorney, Department of Health and Human Services, to Marlene H. Dortch, Secretary, FCC, at 2 (response to question 1), dated April 21, 2011.

³ SAMHSA letter at 3-4 (response to question 3).

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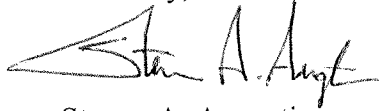
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KBHC respectfully requests that the Commission return the assignment of the four toll-free numbers to it as soon as possible.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven A. Augustino". The signature is stylized with a large, sweeping initial "S" and a long, horizontal stroke extending to the right.

Steven A. Augustino

cc: Ann Stevens
Heather Hendrickson
Michelle Sclater